PTOSSO6 (12-04)
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U.S. Patient and Tradement Office; U.S. DEPARTMONT OF COMMERCE
to a collection of Information unless it displays a valid OND andred number.

sperwork fluduction Act of 1895, no persons are required to respond to a contestion of link PATENT APPLICATION FEE DETERMINATION RECORD

	APPLICATION AS FILED - PART (  SCORE 1) COMMON 2) SMALL ENTITY								OTHER THAN SMALLEHTTY	
		(Cotu					LEE (1)	ſ	RATE (S)	FEE (S)
FOR			R FILED		REXTRA	RATE (S)	1-100		NU	
BASIC FEE   DT OFR 1,16(4), [6), 00 (C]		^	<u> </u>	^	/A					
SEARCH FEE DI CER 1.16(4) (1.44 (41))		-	ÙΑ	H	N/A		ļ		NUA	
EXAMINATION FEE			VA.		VA	NA			N/A .	
TOTAL CLAMAS (37 CFR 1.16(1))			minus 20			х -	·	OR	x •	
INDEPENDENT CLAIMS (37 OFR 1.16(h))		- 1	minus 3			x =			x =	
APPLICATION SIZE  FEE (37 CFR 1.16(+))  #### specification end therts of paper, the ap is \$250 (\$125 for small 2-13tional 50 streets or 35 U.S.C. 41(8)(1)(G)				ne application str mall entity) for e ts or fraction the	te fee due sach reof. See					
 R RA	RULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16())					NA			NVA	
" If the difference in column I is less than zero, enter "0" in column 2.						TOTAL		]	TOTAL	
9.	(Column 1)			(Column 3)	SMAL	LENTITY	OR 1	OTHER SMALL		
AMENDMENT A	Ì	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADOL. TIONAL FEE (\$)		RATE (S)	ADOI- FEE (S)
	Total arore (.Ha)	20	Minus	20	· O	x	-	OR	x 50 e	<u> </u>
	Endependent (37 CFR 1.16(N))	. 6	Minus	" b	· ()	×		OR	x 200 c	
	Application Stre Fee (37 CFR 1.16(c))							1		-
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST OFR 1,16(1))					TOTAL	/	OR	TOTAL	/
						ADO'L FEE	<u>L</u>	OR	ADOL FEE	<u> </u>
		(Column 1)		(Column 2)	(Column 3)			٦		T
MENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE (\$)	ADOI- TIDHAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (S)
	Total OFCFR 1.160#	•	Minus		*	×	<u> </u>	OR	x •	
	Independent prom Liquij	•	Minus	***	2	x	•	OR	х. с	<del> </del>
	Application Size Fee (37 CFR 1.16(1))							1		1
➣	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM. (37 CFR 1.16(3))					NIA	l	OR	NVA	<b></b>
AME	FIRST PRESENT	ATION OF MULTIPL	F DO CHO	G11 00 (		L		1	TOTAL	1

"If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter "20".

"If the Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The Trighest Number Previously Paid For Interior Inter